| PATENT APPLICATION FEE DETERMINATION RECOR                               |   |   |                   |                     |                                 |                  |       |                | Application or Docket Number |                        |         |                     |                        |  |  |
|--|---|---|-------------------|---------------------|---------------------------------|------------------|-------|----------------|------------------------------|------------------------|---------|---------------------|------------------------|--|--|
| Effective October 1, 2000  |   |   |                   |                     |                                 |                  |       |                |                              | 82493                  |         |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                   |                     |                                 |                  |       |                | EN                           | ITITY                  | OR      | OTHER<br>SMALL      |                        |  |  |
| TOTAL CLAIMS   |   |   |                   | Beatle Street March |                                 |                  |       | RATE           |                              | FEE                    |         | RATE                | FEE                    |  |  |
| FOR  |   |   | NUMBER FILED N    |                     | NUMBE                           | BER EXTRA        |       | BASIC F        | EE                           | 355.00                 | OR      | BASIC FEE           | 710.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |   |   |                   |                     |                                 | D                |       | X\$ 9          | =                            |                        | OR      | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS   |   |   | 2 minus 3 = *     |                     |                                 | 2                |       | X40=           | =                            |                        | OR      | X80=                |                        |  |  |
| Мυ   | LTIPLE DEPENI                               | DENT CLAIM PE                             | RESENT            |                     |                                 |                  |       | +135=          |                              | OR                     | +270=   |                     |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                   |                     |                                 |                  |       | TOTA           | Ĺ                            |                        | OR      | TOTAL               | 710                    |  |  |
| CLAIMS AS AMENDED - PART II  |   |   |                   |                     |                                 |                  |       |                | ,                            |                        | ,       | OTHER               |                        |  |  |
| _  | r and a second                              | (Column 1)<br>CLAIMS                      |                   | (Colu               | mn 2)                           | (Column 3)       |       | SMAI           | LL E                         | NTITY                  | OR      | SMALL               |                        |  |  |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO       |                                 | PRESENT<br>EXTRA | RAT   |                | Ε                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total                                       | *   | Minus             | **                  |                                 | =                |       | X\$ 9          | =                            |                        | OR      | X\$18=              |                        |  |  |
| MEI  | Independent                                 | •   | Minus             | ***                 |                                 | =                |       | X40:           | =                            |                        | OR      | X80=                |                        |  |  |
|  | FIRST PRESE                                 | NTATION OF MI                             | ULTIPLE DEPI      | ENDEN               | T CLAIM                         |                  |       | +135           | _                            |                        |         | +270=               |                        |  |  |
|  |   |   |                   |                     |                                 |                  |       | TO             |                              |                        | OR      | TOTAL               |                        |  |  |
|  |   | (Column 1) (Column 2) (Column             |                   |                     |                                 |                  |       |                | EE                           | L                      | ОН      | ADDIT. FEE          | L                      |  |  |
|  |   | (Column 1)<br>CLAIMS                      |                   |                     | IMN 2)<br>HEST                  | (Column 3)       | ı     | _              |                              | ADDI-                  |         |                     | ADDI                   |  |  |
| AMENDMENT B  | ***   | REMAINING<br>AFTER<br>AMENDMENT           | 化化学<br>化化学        | PREV                | MBER<br>IOUSLY<br>FOR           | PRESENT<br>EXTRA |       | RAT            | E                            | TIONAL<br>FEE          |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total                                       | *   | Minus             | ••                  |                                 | =                |       | X\$ 9          | =                            |                        | OR      | X\$18≃              |                        |  |  |
| AME  | Independent                                 | NTATION OF M                              | Minus             | -++                 | T CL AINA                       | ]=               |       | X40            | =                            |                        | OR      | X80=                |                        |  |  |
| ┞  | FIRST PRESE                                 | NTATION OF M                              | OLTIPLE DEP       | CINDEIN             | IT CLAIM                        |                  | j     | +135           | ;=                           |                        | OR      | +270=               |                        |  |  |
|  |   |   |                   |                     |                                 |                  |       | TO<br>ADDIT. I | TAL                          |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |  |
|  |   | (Column 1)                                |                   |                     | ımn 2)                          | (Column 3)       |       |                |                              |                        |         |                     |                        |  |  |
| AMENDMENT C  | を<br>は<br>を<br>な<br>な<br>な                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NU!<br>PREV         | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RAT            | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| N<br>Q<br>Q  | Total                                       | *   | Minus             | **                  |                                 | =                |       | X\$ 9          | )=                           |                        | OR      | X\$18≂              |                        |  |  |
| ME   | Independent                                 |   | Minus             | ***                 |                                 | <u> </u>         |       | X40            | =                            |                        | OR      | V00                 | 1                      |  |  |
|  | FIRST PRESE                                 | NTATION OF M                              | NULTIPLE DEF      | PENDE               | NT CLAIM                        |                  | J     |                |                              | <b>-</b>               | 104     | ` <u> </u>          | 1                      |  |  |
| 1.   | If the entry in colu                        | ımn 1 is less than                        | the entry in colu | mn 2 wr             | ite "O" in co                   | olumn 3.         |       | +135           |                              |                        | OR      | <u></u>             |                        |  |  |
|  | " If the "Highest Nu<br>"If the "Highest Nu | ımber Previously f                        | Paid For" IN THIS | S SPACE             | E is less tha                   | an 20, enter "20 | ."    | TO<br>ADDIT. I | FEE                          | L                      | OR      | ADDIT. FEE          |                        |  |  |
| 1  |   | mber Previously P                         |                   |                     |                                 |                  | er fo | ound in th     | ne ap                        | propriate bo           | ox in o | column 1.           |                        |  |  |

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